

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
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**Washington, D.C. 20231**  
**Fax** (703)746-4000

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7590

12/30/2002

Cromwell & Moring LLP  
 Intellectual Property Group  
 P O Box 14300  
 Washington, DC 20044-4300

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/414,643	10/08/1999	JOHN E. PILETZ	147/37315CP	3638

TITLE OF INVENTION: DNA MOLECULES ENCODING IMIDAZOLINE RECEPTIVE POLYPEPTIDES AND POLYPEPTIDES ENCODED THEREBY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	03/31/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAZAR WESLEY, ELIANE M	1646	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Crowell & Moring LLP

2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

The University of Mississippi Medical Center

Jackson, Mississippi

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

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☐ Payment by credit card. Form PTO-2038 is attached.

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

J. D. Evans, Reg. No. 26,269 March 31, 2003

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